Summary Report of Personal Data Incident

Select report type: ○ Initial report   ○ Follow-up report

Initial reports only

If there has been a delay in reporting this incident to CWT Information Security, please explain.

Click here to enter text.

Incident

What has happened?

Tell us as much as you can about what happened, what went wrong and how it happened.

How did you find out about the incident?

Click here to enter text.

When did you discover the incident?

Date: Select date. **Time:** Enter time.

When did the incident happen?

Date: Select date. **Time:** Enter time.

Was the incident caused by a cyber incident?

○ Yes

○ No

○ Don't know

If yes, what was the nature and type of the cyber-incident?

Click here to enter text.

If no, specify what was the cause, nature, and type of the incident?

Click here to enter text.

Has the confidentiality, integrity, and/or availability of your information systems been affected? Select one.

○ Yes   ○ No   ○ Don't know

Please specify (tick all that apply)

☐ Confidentiality   ☐ Integrity   ☐ Availability

In which geographical location(s) has the incident been caused and/or on which territory(ies) has it spread to?

Click here to enter text.

Personal Data

Categories of personal data included in the incident (tick all that apply)

☐ Data revealing racial or ethnic origin

☐ Political opinions

☐ Meal preferences (that may reveal religious or philosophical beliefs)

☐ Trade union membership

☐ Sex life data

☐ Sexual orientation data

☐ Gender reassignment data

☐ Health data

☐ Basic personal identifiers, E.g. name, contact details

☐ Identification data E.g. username, password

☐ Social Security Number

☐ Economic and financial data, E.g. credit card numbers

☐ Official documents, E.g. driving licenses

☐ Location data

☐ IP addresses (network data)

☐ Criminal convictions, offences

☐ Genetic or biometric data

☐ Basic personal identifiers, E.g. name, contact details

☐ Not yet known

Volume of personal data included in the incident: *Click here to enter text.*

Individuals

Categories of individuals: *Click here to enter text.*

Number of individuals affected: *Click here to enter text.*

Potential impact on individuals

Describe the potential risks and damages that individuals may experience: *Click here to enter text.*

Impact Likelihood

What is the likelihood that individuals will experience *serious* impact as result of the incident?   ○ Very likely

○ Likely

○ Neutral - neither likely nor unlikely

○ Unlikely

○ Very unlikely

○ Not yet known

If not yet known, please give details

Impact to Services

System Recovery Time (where applicable)

◉ Regular - you can predict your recovery time with existing resources

○ Supplemented - you can predict your recovery time with additional resources

○ Extended - you cannot predict your recovery time, and need extra resources

○ Not recoverable - recovery from the incident is not possible, e.g. back-ups cannot be restored

○ Complete - recovery is complete

Provision of Critical services

○ High - you lost ability to provide all critical services to all users

○ Medium - you lost the ability to to provide critical services to some users

○ Low - there is no loss of efficiency, or a low loss of efficiency, and you can still provide all critical services to all users

◉ Not yet known

Containment Measures

Describe any measures you had in place before the incident with the aim of preventing an incident of this nature:

Measures in place before the incident with the aim of preventing an incident of this nature.

Resolution and mitigation

Describe the actions taken, or are planning to take, as a result of the incident:

Include, where appropriate, actions you have taken to fix the problem, and to mitigate any adverse effects, e.g. data sent in error has been destroyed, updated passwords, planning information security training.

Eradication plan

Describe measures put in place to eradicate the incident and avoid it being repeated:

Click here to enter text.

Have you told any third-party organizations or individuals about the incident?

○ Yes   E.g. The police, other regulators or supervisory authorities.

○ No

● Don't know

[Submit]

For confirmation the form was submitted, please check your email sent folder. Otherwise, please attach this form to an email and send to cwtinformationsecurityteam@carlsonwagonlit.com